

-0009

**AON** Risk Services, Inc. of Southern California  
707 Wilshire Boulevard, Suite 6000  
Los Angeles, California 90017  
License No. 0530733

**PLEASE DELIVER IMMEDIATELY****FACSIMILE TRANSMISSION COVER SHEET**

DATE: 7/6/01

TO: Pam Littig  
State of Utah

FAX: 801-359-3940

FROM: Pat Blood  
Aon Risk Services/LA

PHONE: 213/630-3245

FAX: 213/689-9569

E-Mail: pat\_blood@ars.aon.com

Pages including Cover: 3

Re: Certificates of Insurance

Dear Pam:

Attached are: copies of the renewal Certificates of Insurance for:

Genwal Resources  
Westridge Resources

The originals were mailed 7/3/01. You will note that the original Certificate for Genwal shows the incorrect Act. 007/041. The attached copy reflects the correct account number and the "revised" hard copy will be mailed out on Monday, July 9<sup>th</sup>.

Any questions, please give me a call.

Attachments

cc: Mike Glasson/Westridge Resources - fax #435-637-8860

Confidentiality Notice: The materials enclosed with this facsimile transmission are private and confidential and are the property of the sender. The information contained in the material is privileged and is intended only for the use of the individual(s) or entity(ies) named above. If you are not the intended recipient, be advised that any unauthorized disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for return of the forwarded documents to us.

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
07/02/01

## PRODUCER

Aon Risk Services, Inc. of Southern California  
707 Wilshire Boulevard  
Suite 6000  
Los Angeles CA 90017-0460 USA

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURED

Genwal Resources, Inc.  
Attn: Darren Woolsey  
195 N. 100 West  
Huntington UT 84528 USA

Post-it® Fax Note 7671

|           |              |            |   |
|-----------|--------------|------------|---|
| Date      | 7/6/01       | # of pages | 1 |
| To        | Mike glasson |            |   |
| From      | Darr         |            |   |
| Co./Dept. | Co.          |            |   |
| Phone #   | Phone #      |            |   |
| Fax #     | 435-637-8860 |            |   |

COVERAGES This Certificate is not intended to specify all endorsements, coverages, conditions, exclusions, and limitations.

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD SET FORTH. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR                            | TYPE OF INSURANCE   | POLICY NUMBER   | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
|-------------------------------------|---|---|----------------------------------|-----------------------------------|--|-------------------------------------|-------------|------------------------------|-----------|------------------------------|----------|--------------------------------|-------------|-------------------|-------------|------------------------|-------------|
| A                                   | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Includes XCU<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 37109529<br>GENERAL LIABILITY<br>\$2,500 Deductible -<br>Bodily Injury &<br>Property Damage -<br>Per Occurrence | 7/1/01                           | 7/1/02                            | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>FIRE DAMAGE (Any one fire)</td><td>\$100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr></table> | EACH OCCURRENCE                     | \$1,000,000 | FIRE DAMAGE (Any one fire)   | \$100,000 | MED EXP (Any one person)     | \$10,000 | PERSONAL & ADV INJURY          | \$1,000,000 | GENERAL AGGREGATE | \$2,000,000 | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| EACH OCCURRENCE                     | \$1,000,000   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| FIRE DAMAGE (Any one fire)          | \$100,000   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| MED EXP (Any one person)            | \$10,000  |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| PERSONAL & ADV INJURY               | \$1,000,000   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| GENERAL AGGREGATE                   | \$2,000,000   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| PRODUCTS - COMP/OP AGG              | \$2,000,000   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
|                                     | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON OWNED AUTOS  |   |                                  |                                   | <table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td></td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>  | COMBINED SINGLE LIMIT (Ea accident) |             | BODILY INJURY (Per person)   |           | BODILY INJURY (Per accident) |          | PROPERTY DAMAGE (Per accident) |             |                   |             |                        |             |
| COMBINED SINGLE LIMIT (Ea accident) |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| BODILY INJURY (Per person)          |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| BODILY INJURY (Per accident)        |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| PROPERTY DAMAGE (Per accident)      |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
|                                     | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |   |                                  |                                   | <table border="1"><tr><td>AUTO ONLY - EA ACCIDENT</td><td></td></tr><tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td></td></tr><tr><td>AGG</td><td></td></tr></table>  | AUTO ONLY - EA ACCIDENT             |             | OTHER THAN AUTO ONLY: EA ACC |           | AGG                          |          |                                |             |                   |             |                        |             |
| AUTO ONLY - EA ACCIDENT             |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| OTHER THAN AUTO ONLY: EA ACC        |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| AGG                                 |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
|                                     | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  |   |                                  |                                   | <table border="1"><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>AGGREGATE</td><td></td></tr></table>   | EACH OCCURRENCE                     |             | AGGREGATE                    |           |                              |          |                                |             |                   |             |                        |             |
| EACH OCCURRENCE                     |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| AGGREGATE                           |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
|                                     | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |   |                                  |                                   | <table border="1"><tr><td>WC STATUTORY LIMITS</td><td>OTHER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td></td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td></td></tr></table>  | WC STATUTORY LIMITS                 | OTHER       | E.L. EACH ACCIDENT           |           | E.L. DISEASE-POLICY LIMIT    |          | E.L. DISEASE-EA EMPLOYEE       |             |                   |             |                        |             |
| WC STATUTORY LIMITS                 | OTHER   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| E.L. EACH ACCIDENT                  |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| E.L. DISEASE-POLICY LIMIT           |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
| E.L. DISEASE-EA EMPLOYEE            |   |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |
|                                     | <b>OTHER</b>  |   |                                  |                                   |  |                                     |             |                              |           |                              |          |                                |             |                   |             |                        |             |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Re: Act 007/041

## CERTIFICATE HOLDER

State of Utah  
Dept. of Natural Resources  
Div. of Oil, Gas & Mining  
1594 West North Temple, #1210  
Salt Lake City UT 84114-5811 USA

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Elizabeth A. Smith

ACORD 25-S (7/97)

ACORD CORPORATION 1988

Certificate No :

450000141249

Holder Identifier :



## TRANSACTION REPORT

P.01

JUL-06-2001 FRI 09:57 AM

FOR: OIL, GAS &amp; MINING

801 359 3940

| DATE   | START    | RECEIVER    | TX TIME | PAGES | TYPE | NOTE | M#  | DP |
|--------|----------|-------------|---------|-------|------|------|-----|----|
| JUL-06 | 09:56 AM | 14356378860 | 1'00"   | 1     | SEND | OK   | 527 |    |

TOTAL : 1M 0S PAGES: 1

C/015/032

DATE (MM/DD/YY)  
07/02/01

ACORD™

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Aon Risk Services, Inc. of Southern California  
707 Wilshire Boulevard  
Suite 6000  
Los Angeles CA 90017-0460 USA

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## INSURERS AFFORDING COVERAGE

INSURER A: Pacific Indemnity Co  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

## INSURED

Genwal Resources, Inc.  
Attn: Darren Woolsey  
195 N. 100 West  
Huntington UT 84528 USA

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.  
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| INSR<br>LTR | TYPE OF INSURANCE  | POLICY NUMBER  | POLICY EFFECTIVE<br>DATE(MM/DD/YY) | POLICY EXPIRATION<br>DATE(MM/DD/YY) | LIMITS                                 |             |
|-------------|--|--|------------------------------------|-------------------------------------|--|-------------|
| A           | GENERAL LIABILITY  | 37109529   | 7/1/01                             | 7/1/02                              | EACH OCCURRENCE                        | \$1,000,000 |
|             | GENERAL LIABILITY  |  |                                    |                                     | FIRE DAMAGE(Any one fire)              | \$100,000   |
|             | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                   |  |                                    |                                     | MED EXP (Any one person)               | \$10,000    |
|             | CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  |  |                                    |                                     | PERSONAL & ADV INJURY                  | \$1,000,000 |
|             | <input checked="" type="checkbox"/> Includes XCU   |  |                                    |                                     | GENERAL AGGREGATE                      | \$2,000,000 |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   | \$2,500 Deductible -<br>Bodily Injury &<br>Property Damage -<br>Per Occurrence |                                    |                                     | PRODUCTS - COMP/OP AGG                 | \$2,000,000 |
|             | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC |  |                                    |                                     |  |             |
|             | AUTOMOBILE LIABILITY   |  |                                    |                                     | COMBINED SINGLE LIMIT<br>(Ex accident) |             |
|             | <input type="checkbox"/> ANY AUTO  |  |                                    |                                     | BODILY INJURY<br>(Per person)          |             |
|             | <input type="checkbox"/> ALL OWNED AUTOS   |  |                                    |                                     | BODILY INJURY<br>(Per accident)        |             |
|             | <input type="checkbox"/> SCHEDULED AUTOS   |  |                                    |                                     | PROPERTY DAMAGE                        |             |
|             | <input type="checkbox"/> HIRED AUTOS   |  |                                    |                                     |  |             |